FLINTSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

on the work of the

Flintshire School Health Service

in relation to the year

1965

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INTRODUCTION

County Health Offices,
Llwynegrin,
MOLD.

To the Chairman and Members
of the Education Committee

Mr. Chairman, Ladies and Gentlemen,

Changes introduced in the School Health Service three years ago in regard to selective medical examination have now become virtually the accepted practice of carrying out our work of medical examination of pupils in school. By this new method of selective examination fewer children are examined, but more time given to those seen because they have been referred with a physical defect or an emotional problem. In this way, also, fuller history and follow-up can be given to these selected cases and better contact established with General Practitioners and Consultants, particularly as regards treatment and after-care.

I would again stress that a full medical examination is carried out on every child on school entry at 5 years of age or in the latter half of their fourth year. At this time, full note is made on the child's school record of findings at the Child Welfare Centres and booster injections given for Diphtheria and Tetanus and Oral Vaccine for Poliomyelitis. At present, also, all school leavers are examined and full details where necessary made available to the Youth Employment Officer should any defect or health aspect have a bearing on training or future employment. Gradually, this practice will change to the selective examination for leavers, and only pupils with a history of illness or when a request is made for a medical examination will, in future, be examined when they leave school.

During the year we were able to improve still further our services for handicapped pupils. Full details relating to handicapped pupils are contained in the body of the report, but members of the Committee will be interested in new work done during the year for deaf children and the educationally subnormal. Steps have now been taken to train our Health Visitors in the early detection of deafness in infancy and arrangements made with the Department for the Deaf

of the University of Manchester for the staff to receive the special training. In addition, plans are in hand to establish two audiology clinics at Rhyl and Mold to screen all school entrants for hearing loss and to engage on a part-time basis a teacher for the deaf to help in school work and in home visiting of children who require skilled help if they are to develop their potential and benefit by the special educational facilities available to them. During the year, also, special attention was given to the needs of the educationally subnormal pupils and it was agreed to proceed to establish two special day schools for these children. One to be built in the Western half of the County in 1966/67 for approximately a 100 pupils and one in the Eastern half of the County at a later date. In addition, it is intended to make special provision in primary schools in the form of recovery classes for children requiring special teaching for short periods.

We continued during the year to help with Health Education work in schools throughout the County. In primary schools several very successful "health weeks" were organised and in these Health Visitors played a very important role and worked in conjunction with the school staff. These health weeks are designed primarily to outline the importance of good habits in health matters and by actual participation by the children in various projects to impress the need to practise the principles taught. Work in secondary schools is aimed more at helping pupils to understand the working of their bodies and how to live a full and healthy life as individuals and members of society.

I am still convinced that a great deal of work is still needed in deciding what to teach as 'health education' in secondary schools and how to teach it. It has been estimated that 30% of all illness is preventable and much due to the lack of practising the elementary rules of healthy living. Surely we should all be concerned about this and try and remedy in part this position before pupils leave school. During 1965, the County sustained a great loss in the sudden death of Dr. B. Haydn Williams, the Director of Education for the County since 1941. Dr. Haydn Williams was always ready to assist with any problem relating to the school health service and had played an important part in enabling us to build new combined clinics for Child Welfare and School Health purposes. His valuable help and great knowledge of all educational matters will be greatly missed by the staff of the School Health Department.

I would like to place on record the outstanding work done in Eastern Flintshire for eighteen years by Mr. A.C. Shuttleworth, the Ophthalmic Consultant, who regularly attended our clinics at Mold and Shotton. Mr. Shuttleworth was a man of great ability, excellent with

children and respected by both parents and staff. I had many contacts with Mr. Shuttleworth in arranging clinics for children and the special examinations of persons for the blind register and it was always a pleasure to meet him and he will be very much missed by us all.

Another person that we will all miss is Miss J.M. Jewell, Senior Health Visitor/School Nurse, Western area, who retired in December after thirteen years with the Authority. During that period she gave outstanding service in the Rhyl area and was known and respected by a large number of mothers, parents and other workers. In her quiet and friendly way she was able to get the best out of her colleagues in the area and she played an important part before her retirement in establishing the health department sub-centre at Mercier House.

It is pleasing to report the improved position in relation to speech therapy now that we have Miss G. Roberts, a newly appointed Full-time Speech Therapist working in the Western half of the County, and Mrs. R.E. Ward, Speech Therapist, has during the year been able to give us extra sessions. This means a better cover for the County as a whole and less time to wait before treatment commences. It also means that Mrs. Ward is able to put in practice some of the newer methods of group treatment that she has been anxious to try now that the number of clinics that she attends has been reduced.

The School dental service continued to do very valuable work during the year although we did not have our full establishment of dental officers. During the year, 10,915 children were found to need dental treatment and 7,084 were treated by this service. Orthodontic facilities were again made available throughout the year at Buckley and Prestatyn. The mobile dental clinic continued to attend at rural schools during the year and this service was very much appreciated by the schools concerned. The Dental Auxiliary appointed last year was able to start on an active programme of dental health education in schools in the Eastern area and in addition to her clinical duties carried out under the general supervision of a dental surgeon at Shotton clinic.

During the year the consultant staff at the various hospitals in the area have given ready and valuable help. I would also like to thank the General Practitioners in the County for their co-operation at all times.

Mr. M.J. Jones was appointed Director of Education on 5th October, 1965 having served as Deputy Director of Education since 1st November, 1947, I would again like to thank him and his staff for their help during the year. I would also like to thank Her Majesty's Inspec-

tors of Schools, headmasters and members of school staffs for their interest and valuable help during the year.

To all the staff of the school health section I would like to pay a special tribute for their loyal teamwork at all times. In particular, to Dr. L.L. Munro, the Senior Assistant Medical Officer in charge of the School Health Service for the very efficient way in which she has dealt with many matters that have arisen during the year.

The clerical staff of the School Health Service have once again carried out their duties in a most efficient manner and I would like to thank Mr. A. Whitley who has been largely responsible for getting the material together for this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G.W. ROBERTS,

Principal School Medical Officer.

ADMINISTRATION

A—DEPARTMENTAL OFFICERS

Principal School Medical Officer
(also County Medical Officer of Health):
Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H.
(County Health Offices, Mold. Tel. 106 Mold).

Deputy County Medical Officer:
K.S. Deas, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer:
Lillie Lund Munro, M.B., Ch.B., D.P.H

Assistant Medical Officers (full-time):
W. Manwell, M.B., B.Ch., B.A.O., D.T.M., C.M., D.P.H.
Edith V. Woodcock, M.B., Ch.B.

Assistant Medical Officers (Part-time on sessional basis):
Dr. E.M. Harding, M.B., Ch.B., D.P.H.
Dr. K. Gammon, B.Sc., M.B., Ch.B. (Resigned 17:12:65)
Dr. J.D. McCarter, M.B., B.Ch., B.A.O.
Dr. Yvonne B. Gibson, M.B., B.Ch.

Assistant Medical Officers (Part-time) **who are also Medical Officers of Health for Grouped County Districts:**
A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H. (Retired 6:7:6
D.J. Fraser, M.B., Ch.B., D.P.H.,
D.P.W. Roberts, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H.

Chest Physicians (Part-time):
E. Clifford Jones, M.B., B.S., M.R.C.S.(Eng), L.R.C.P.
(London)
J.B. Morrison, M.D., Ch.B.
R.W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.E.

Child Guidance Consultant (Regional Hospital Board Staff):
E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin), L.R.F.P.S.
(Glasgow)

Ear, Nose, and Throat and Audiology Consultant (Regional Hospital Board Staff):
Catrin M. Williams, F.R.C.S

Ophthalmic Consultants (Regional Hospital Board Staff):
A.C. Shuttleworth, M.B., Ch.B., D.O.M.S (Retired 31:10:65)
E. Lyons, M.B., Ch.B., D.O.M.S

Orthopaedic Consultant (Regional Hospital Board Staff):
Robert Owen, M.Ch. (Orth.), F.R.C.S.

Paediatrician Consultant (Regional Hospital Board Staff):
M.M. McLean, M.D., M.R.C.P.E., D.C.H.

Principal School Dental Officer (Full-time):
A. Fielding, L.D.S., R.C.S.

Dental Officers (Full-time):
F.S. Dodd, L.D.S.
Leon Harris, B.D.S.
A.O. Hewitt, L.D.S
David R. Pearse, B.D.S. (Resigned 31:1:65)
M.D. Turnbull, B.D.S. (Since 31:5:65)

Dental Officers (Part-time sessional):
J.R. Davies, L.D.S.
C. Hubbard, L.D.S.
T. Roberts, L.D.S. (since 8:2:65)

Dental Auxiliaries:
Miss B. Solomons (Resigned 31:7:65)

Orthodontic Consultant (Part-time - Temporary Sessional):
B.J. Broadbent, F.D.S., R.C.S.

Dental Anaesthetists (Part-time sessional basis):
Dr. J.M. Hands
Dr. G.E.S. Robinson
Dr. H. Evans
Dr. M.E. Lloyd
Dr. C.W. Fisher (Resigned 11:1:65)

Speech Therapists:
Mrs. R.E.Ward, L.C.S.T (Part-time sessional)
Miss G. Roberts, L.C.S.T (Full-time)

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser):
Miss P.M. Matthews, S.R.N., S.C.M., H.V.Cert., N.A.P.H.

School Nurses: (acting jointly as School Nurses and Health Visitors

All State Registered Nurses and State Certified Midwives, and Health Visitor's Certificate or other qualifications):

Miss J.M. Jewell, Senior Health Visitor/School Nurse, Western Area (Retired 31:12:65)

Miss M. Williams, Senior Health Visitor/School Nurse, Eastern Area

Miss M.J. Hughes
Miss G. Jones
+ Miss J.S. Rogers
Miss M. Lees
Miss M.Y. Secker
Mrs. S. Lewis
Mrs. P.B. Coupe
Miss M. Hinchin
Mrs. M. Moffat (since 1:4:65)
Miss I.M. Swinscoe (since 1:4:65)
Mrs. M.E. Pearse
Miss M.W. Wright
Miss E.M.L. Morgan
Miss G.M. Jones
Mrs. D.M. Lewis
Mrs. L. Pritchard
Miss A.M. Stewart
Miss D. Phillips
Miss F.M. Higginson
Mrs. M.A. Godding (since 26:7:65)
Mrs. P. Pearson (resigned 31:10:65)

+ Also Part-time Health Education Officer

Clinic Nurses (Full-time)

Mrs. R. Cunnah
Mrs. S.A. Latham

Clinic Nurses (Part-time sessional):

Mrs. M.M. Digweed
Mrs. H. Davies
Mrs. M. Roberts
Mrs. A. Roberts
Mrs. R. Williams

Visitors for Chest Diseases:

Mrs. M.M. Roberts, S.R.N., S.C.M., T.B. Cert.
Mrs. A.R. Iball, S.R.N.

Dental Surgery Assistants:

Mrs. L.M. Martin
Miss B.M. Powell
Mrs. E.M. Coppack, S.R.N
Mrs. J.G. Shaw, S.E.N
Mrs. E.I. Roberts
Miss M.E. Roberts
Mrs. M.A. Lloyd-Jones (Part-time)
Mrs. D. Young (Part-time)

Chief Clerk:

William Ithel Roberts

Department Senior Clerk:

Arthur Whitley

B—ASSOCIATED OFFICERS

Clerk of the County Council ..... Mr. W. Hugh Jones
Secretary of the Education Committee. M.J. Jones, M.A
County Architect .....Mr. R.W. Harvey, A.R.I.B.A
County Treasurer ..... Mr. S. Elmitt, I.M.T.A
Chief Constable ..... Mr. R. Atkins
Physical Training Organisers ..... Mr. Bertram W. Clarke
Miss S.N. Crosbie
School Meals Organiser ..... Mr. E. Parry
Children's Officer ..... Mrs. L. Davies, B.A

C—HEADQUARTERS

County Health Offices, Llwynegrin, Mold—Tel : 106 Mold .

D—GENERAL INFORMATION

Area of Administrative County—

Statutory Acres	163,707
Square Miles	255.7

Population of County—

1951 Census	145,108
1965 Mid-year Estimate	158,240

Number of Schools—

Nursery	1
Primary : County 60 ; Voluntary 41 ; Total	101
Secondary Modern	10
Secondary Grammar	5
Bilateral	5
Technical College	1
Horticultural Institute	1

School Child Population—

On School Registers (1965-66)	26,966

Financial Circumstances of County—

Estimated Product of a Penny Rate (1965-66) ...	£28,308

Number of Flintshire Live Births—

Year 1965	2,929

Number of Flintshire Deaths (1965) —

Infantile	48
General	1,994

Medical Officers—	
For County Health and School Medical Services combined	7*
School Dental Surgeons—	
Full-time Officers	6+
School Nurses—	
Serving half-time also as Health Visitors	22
Dental Surgery Assistants—	
Full-time	6
Clinic Establishments (within the County)—	
Child Guidance	2
Dental (For School Children)	8
Minor Ailments (for School Children)	10
Ophthalmic (for School Children)	4
Ear, Nose and Throat and Audiology	2
Orthodontic	2
Orthopædic After-care (for Patients of all ages) ...	2
Chest (Welsh Hospital Board)	3
Orthoptic (Hospital Management Committee)	3
Speech Therapy	9

*Equivalent of 6 whole-time officers, as 2 are also Medical Officers of Health for Grouped County Districts.

+Includes Principal Dental Officer

E—FLINTSHIRE CLINICS
(Situations, Opening Hours, Etc.)

MINOR AILMENTS CLINICS.

Buckley—The Clinic, Padeswood Road. 2nd & 4th Tuesday, 2 to 4-30p.m Doctor attends every opening.

Caergwrle—The Clinic, Ty Cerrig, Off High Street. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays of month.

Flint—The Clinic, Borough Grove. 2nd & 4th Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Holywell—The Clinic, Park Lane. 1st and 3rd Friday, 1-30 to 4-30 p.m. Doctor attends every opening.

Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Prestatyn–King's Avenue. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening

Rhyl–The Clinic, Ffordd Las, Off Marsh Road. Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Saltney–The Clinic, St. Davids Terrace. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Shotton–The Clinic, Rowley Drive. Every Thursday, 9-30 a.m. to 12 noon. Doctor attends every opening.

St. Asaph–Pen-y-Bont. 2nd and 4th Thursday. 1-30 p.m. to 2-30 p.m. Doctor attends every opening.

CLINICS

During 1965, steady progress was made in further improving facilities for the examination and treatment of school children and others at our clinic premises. It has been found that parents and staff expect all clinics now to be well equipped and pleasant and with good facilities for waiting and consultation. Many of our clinics are new post-war premises and active steps have been taken to bring others up to modern standards and this work is now practically completed.

Not only is it necessary for patient comfort to be considered, but new techniques have demanded other improvements often undetected by those attending. An example being the sound-proofing of rooms used by the E.N.T. Consultant for audiology work and for audiometric testing of children. Greater provision has also been made at clinics for private interviews by parents and at selected clinics full-time clerical help has been made available and provided with suitable accommodation.

General Practitioners continued to use clinics to carry out group activities such as immunisation, vaccination, and ante-natal examinations and child welfare work. Clinics were made available to General Practitioners free of charge for these activities and were used to a limited extent in various parts of the County. No General Practitioner is using our clinic premises for general practice purposes as a surgery or branch surgery and this is a more difficult matter to arrange than the use for group work although the authority is quite prepared to make clinics available for both type of work by General Practitioners.

Work continued in modernising the equipment at our School Dental Clinics and new equipment was installed during the year at Saltney and Prestatyn clinics. In most dental surgeries new dental units have now been installed and also air rota equipment and dental x-ray apparatus.

The future provision of new clinics in developing areas needs a great deal of careful thought and the tendency will possibly be smaller clinics with room for expansion to meet future needs, rather than large

clinics initially. This course of action is recommended in view of the uncertain part which general practitioners will play in the future of the school health service and what use they will make of local health authority clinics.

The mobile all-purpose clinic continued to visit 6 locations every two weeks in the county during the year and school children were seen at these sessions as well as infants and mothers.

The mobile dental clinic also continued to operate during the year and concentrated on rural schools and those remote from static dental clinics.

ORTHOPÆDIC AFTER-CARE CLINICS

Holywell–Cottage Hospital. 2nd and 4th Wednesday of each calendar month at 2.30 p.m. Surgeon attends every opening.

Rhyl–The Clinic, Ffordd Las, Off Marsh Road. 2nd and 4th Tuesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 3 months.

OPHTHALMIC

Holywell–The Clinic, Park Lane. 2nd and 4th Tuesday afternoons in each month.

Mold–The Clinic, King Street. 2nd and 4th Thursday afternoons in each month.

Rhyl–The Clinic, Ffordd Las, Off Marsh Road. Every Friday morning

Shotton–Rowley Drive. 1st and 3rd Thursday afternoons in each month.

To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment.

CHILD GUIDANCE
(By appointment only)

Rhyl–Mercier House, Russell Road. Every Monday 9.30 a.m. and 1.30 p.m.

Shotton–Rowley Drive. Every Friday, 9-30 a.m. and 1-30 p.m.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.

EAR, NOSE, AND THROAT AND AUDIOLOGY

Rhyl–The Clinic, Ffordd Las, Off Marsh Road. Every Friday afternoon (by appointment).
Holywell–The Clinic, Park Lane. Every Monday afternoon (by appointment).

ORTHODONTIC

Buckley–The Clinic, Padeswood Road, (by appointment).
Prestatyn–The Clinic, King's Avenue (by appointment).

ORTHOPTIC

Holywell–The Clinic, Park Lane. Every Tuesday morning and afternoon.
Rhyl–The Clinic, Fforddlas, Off Marsh Road. Every Thursday afternoon and every Friday morning.

Many children from the Eastern half of the County are seen by the Orthoptist at Chester Royal Infirmary.

CHEST CLINICS

Holywell–Cottage Hospital (Physician : Dr. R. W. Biagi) Tuesday, 9-30 a.m. Clinic Session. 2 p.m. Contact Clinic (By appointment only)
Queensferry–Oaklands (Physician : Dr. E. Clifford Jones)
Tuesday, 9-30 a.m. Clinic Session (By appointment only)
Wednesday, 9 a.m. Clinic Session
Friday 9 a.m. Contact Clinic
Rhyl–Alexandra Hospital (Physician : Dr. J.B. Morrison).
*Monday, 10 a.m. B.C.G. Test Reading
Friday, 9 a.m. Clinic Session (and contacts).

*Contacts are seen on Friday mornings and, if necessary, given B.C.G They then attend on the Monday morning following for reading.

SPEECH THERAPY.
(By appointment only)

Connah's Quay–The Clinic, Civic Centre, Wepre Drive. Every Wednesday (morning and afternoon).
Buckley–The Clinic, Padeswood Road. 1st and 3rd Thursday in each month. (morning and afternoon).
Flint–The Clinic, Borough Grove. 1st and 3rd Monday morning in each month.

Holywell–The Clinic, Park Lane. 1st and 3rd Tuesday morning in each month.

Mold–The Clinic, King Street. 1st and 3rd Tuesday afternoon in each month. Also 2nd and 4th Tuesday in each month. (morning and afternoon).

Prestatyn–The Clinic, King's Avenue. Every Monday (morning and afternoon).

Rhyl–The Clinic, Ffordd Las, Off Marsh Road. Every Tuesday and Thursday (morning and afternoon).

Saltney–The Clinic, St. David's Terrace. 2nd and 4th Monday morning in each month.

Shotton–The Clinic, Rowley Drive. 2nd and 4th Wednesday in each month. (morning and afternoon).

Section 2

STAFF

Medical - Dr. A. Cathcart, Assistant Medical Officer, retired on the 6th July, 1965.

Dr. J.D. McCarter and Dr. Y.B. Gibson commenced duty as part-time Assistant Medical Officers on the 15th July and 12th October, respectively. Dr. K. Gammon, part-time Assistant Medical Officer, resigned on the 17th December, 1965.

Dental - Mr. David R. Pearse, full-time Dental Officer, resigned on the 31st January, 1965. Mr. T. Roberts commenced duty as part-time Dental Officer on the 8th February, 1965. Mr. M.D. Turnbull commenced duty as full-time Dental Officer on the 31st May, 1965.

Miss B. Solomons, full-time Dental Auxiliary, resigned on the 31st July, 1965.

Nursing - The following commenced duty as Health Visitor/ School Nurse on the dates shown:-

Miss I.M. Swinscoe	Northop District	1st April, 1965
Mrs. M. Moffatt	Queensferry District	1st April, 1965
Mrs. P. Pearson	C. Quay District	21st July, 1965
Mrs. M.A. Godding	Mynydd Isa District	26th July, 1965

The following retired during the year:-

Miss G. Jenkins	C. Quay District	2nd January, 1965
Miss J.M. Jewell	Rhyl District	31st December, 1965

The following resigned during the year:-

Mrs. P. Pearson	Connah's Quay	31st October, 1965

ATTENDANCE AT COURSES AND CONFERENCES

Particulars of Courses and Conferences attended by members of the Health Service Staff are given below:-

Medical Officers:

Dr. G.W. Roberts	Development of Mental Health services, Llandudno, 23rd March, 1965.
	Royal Society of Health - Annual

	Congress, Eastbourne, 26th April, 1965 to 30th April, 1965. Course on Screening Procedures, Bristol, 10th September, 1965, to 12th September, 1965.
Dr. K.S. Deas	National Association for Mental Health, Annual Conference, London, 25th February, 1965 to 26th February, 1965.
Dr. L.L. Munro	Board of Post Graduate Studies "Paediatrics", Rhyl, 30th May, 1965. Association for Special Education - "Children in Hospital" Liverpool, 10th September, 1965 to 11th September, 1965.
Dr. D.P.W. Roberts	Board of Post Graduate Studies "Paediatrics", Rhyl, 30th May, 1965.
Dr. E.V. Woodcock	Board of Post Graduate Studies "Paediatrics", Rhyl, 30th May, 1965. Association for Special Education - "Children in Hospital", Liverpool, 10th September, 1965 to 11th September, 1965.
Dental Officers:	
Mr. A. Fielding	Annual Dental Conference - Belfast, 17th June 1965 to 24th June, 1965.
Health Visitors:	
Miss P.M. Matthews	Examination of Student Health Visitors, Bolton, 10th June, 1965. International Congress of Nurses, Frankfurt, 19th June, 1965 to 26th June, 1965. Home Help Conference - Nottingham - 23rd September, 1965 to 25th September, 1965.
Miss M. Lees	Health Visitors Association, Post Certificate Course, London, 30th December, 1964 to 12th January 1965.

Miss E.M.L. Morgan	Health Visitors' Refresher Course, Liverpool, 3rd May, 1965 to 7th May 1965.
Miss M. Williams	Queen's Institute of District Nursing, "Immigrants and their Problems". Liverpool, 13th April, 1965.
Miss I.M. Swinscoe	Royal College of Nursing - Study Day, London, 13th October, 1965.
Miss M. Hinchin	Health Visitors Association - Annual Conference, Cheltenham, 30th October, 1965.

ADMINISTRATION

During 1965, we further developed our previous policy of selective medical examination of pupils at school. By this it meant the examination of certain children "selected" for examination because of previous illness or because this is requested by the parent or teacher. By this method fewer children are seen - but more time is devoted to each referred case and greater attention given to minor and early defects and this continues the "preventive" aspect of the School Health Service.

During 1965, selective medical examinations were carried out at 40 schools (27 schools in 1964). At these 40 schools, 2662 children were involved in the intermediate age groups and of these 1192 were selected for medical examination and 1078 were medically examined.

On analysis of the children examined at selective medical examination we are satisfied that we are finding all or the major number of significant defects and that the new procedure enables the doctors to give more time to these children and we are able to do more thorough follow-up and fuller follow-up at subsequent visits.

Children found to have some defect at school medical examination are followed up and kept under observation at school clinics and referred to as "specials" in our statistics. These cases are reviewed regularly and continue under observation until the defect is clear or the child leaves school, in which case a report will be sent to the Youth Employment Officer if this appears necessary and in the interest of the child.

Vaccination and immunisation is an important aspect of the School Health Service and on school entry the immunisation state of every child is checked, and brought up-to-date and booster doses given of Diphtheria, Tetanus and Poliomyelitis vaccines with parental consent. At the same time, each child is checked to ascertain if vaccination against smallpox has been done, and if not done vaccination is offered at school entry. Although every effort is made to immunise and vaccinate children in infancy it is discouraging to find that only a little over 50% do accept this offer and some being protected for the first time at school entry.

During the year, B.C.G. vaccination against Tuberculosis was continued and the acceptance rate was very good. This scheme operates in the secondary schools in the age group 12 to 14 years, and during the year 1074 children were given B.C.G. vaccine after the necessary priliminary tests had been carried out.

In the majority of schools, class inspections for cleanliness are now done and not school inspections. This is much less time consuming and equally effective and has been in operation now for 6 years, and school nurses find that very few cases are missed by adopting this procedure.

A record card is kept in the department on each school where details are entered by the school medical officer of any factors that may have an adverse effect on the health of pupils, e.g., inadequate ventilation, overcrowding, poor repair, dangerous school yards, etc. Similarly, school kitchens and canteens are inspected and adverse conditions reported on. Details from these cards are sent to the Director of Education after each inspection for the necessary action by the staff concerned.

The practice of reporting to the Youth Employment Officer on children unfit for full employment continued during the year and in fact was made more complete. When a pupil is examined prior to leaving school and a defect is found that may interfere with ordinary training or employment then a confidential medical report is submitted to the Youth Employment Officer. With the more serious disabilities, reports are only submitted after obtaining the consent of the parents.

During the year, our arrangements for following up children absent from school for long periods were examined and brought up to date. These children are visited by the school welfare officers who work in close contact with school medical officers, and school nurses.

When it appears that a child is kept at home for no adequate reason, then the case is referred to this department and an independent medical examination arranged after consultation with the family doctor. In this way, many children are returned to school earlier than would be the case if not followed up, and we get the utmost co-operation in this work from General Practitioners and hospital medical staff.

Full records are kept of all handicapped pupils ascertained in the County and appropriate action taken as regards special educational treatment. In the majority of cases there is very little formality in the process of ascertainment, but with sub-normal children certain information has to be made available to the parents once it is decided to proceed with ascertainment. The procedure to be adopted is laid down in the Mental Health Act 1959 and circulars from the Ministry of Education, and the opportunity was taken to bring this practice up to date and to reduce the amount of formality to a minimum. It was felt that this was desirable as parents often do not follow the legal terms used in formal letters, and by simplifying the procedure one was able to give a simple explanation of what was being done and in this way obtain the parents' consent and co-operation. The new administrative arrangements were put into operation after consultation with the Director of Education and his staff.

The smooth administration of the School Health Service depends on team work within the department and co-operation with many outside the office, such as teachers, school nurses, parents, doctors and hospital staff. This co-operation was present throughout the year as in the past and I very much appreciate this as it shows clearly that we all have one aim—to raise still further the standard of health of children of school age in the County.

Table 1

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Conditions of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1961 and later	319	319	100.00	-	-
1960	1,203	1,202	99.92	1	.08
1959	758	756	99.74	2	.26
1958	156	155	99.36	1	.64
1957	484	483	99.79	1	.21
1956	349	349	100.00	-	-
1955	532	530	99.62	2	.38
1954	245	245	100.00	-	-
1953	120	119	99.17	1	.83
1952	-	-	-	-	-
1951	1,391	1,391	100.00	-	-
1950 and earlier	145	145	100.00	-	-
TOTAL	5,702	5,694	99.86	8	.14

Table 2

PUPILS FOUND TO REQUIRE TREATMENT

Individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases, and Infestation with Vermin).

Note:- (1) Pupils already under treatment are included.
(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3)

Group	For Defective Vision (Excl.Squint)	For any of the other conditions recorded in Table 5:-	Total Individual Pupils	Percentage of Children examined
(1)	(2)	(3)	(4)	(5)
Leavers	45	178	219	14.26
Entrants	32	281	298	12.23
Other Age Groups	15	58	72	13.53
Additional Periodic Inspections	45	187	222	18.53
Total (Prescribed Groups)	137	704	811	14.22

It will be noted that the total defects requiring treatment in Entrants increased from 8.90% in 1964 to 12.23% in 1965. Defects in leavers showed a slight decrease from 15.11% to 14.26% in 1965. Figures from 1962 to date are given on the following page.

	1962	1963	1964	1965
Entrants... ...	12.42%	11.22%	8.90%	12.23%
Leavers... ...	11.20%	13.53%	15.11%	14.26%
All ages... ...	11.84%	12.64%	11.93%	14.22%

It is very interesting and instructive to compare the incidence of defects requiring treatment with age (Table 3)

It will be noted that visual defects occur primarily in two age groups - 10 years of age 14 years of age. These two groups account for 43.80% of all defects found in all ages.

Again with other defects requiring treatment there are three main age groups - 5 - 6 years of age. 10 years, and 14 years of age. These three groups account for 54.99% of all defects found in all ages.

These findings have influenced our policy of medical examination in the changeover to selective medical examination of school children in that we will continue to examine all children on entry and leaving school and select those for examination in the intermediate age group.

Table 3

PUPILS FOUND TO REQUIRE TREATMENT:-

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Note:- (1) Pupils already under treatment are included.
(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

Age Groups Inspected (By Year of Birth)	For defective Vision, (excluding squint)	For any of the other conditions in Table 5	Total Individual Pupils
(1)	(2)	(3)	(4)
1961 and later	-	21	21
1960	19	152	164
1959	11	93	97
1958	2	15	16
1957	12	58	67
1956	17	73	87
1955	15	58	72
1954	13	42	51
1953	3	14	17
1952	-	-	-
1951	40	143	181
1950 and earlier	5	35	38
TOTAL	137	704	811

OTHER INSPECTIONS
Table 4

Note:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person. A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	2,410
Number of Re-inspections	1,875
	4,285

Table 5

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR - PERIODIC INSPECTIONS

Note:- All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defects or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	39	70	81	31	31	55	151	156
5	Eyes (a) Vision	31	199	45	148	61	194	137	541
	(b) Squint	19	38	2	22	15	44	36	104
	(c) Other	12	10	12	5	20	6	44	21
6	Ears (a) Hearing	11	35	6	18	8	35	25	88
	(b) Otitis Media	7	29	7	10	7	11	21	50
	(c) Other	24	59	31	12	40	25	95	96
7	Nose and Throat	54	150	11	29	31	102	96	281
8	Speech	25	66	4	2	8	28	37	96
9	Lymphatic Glands	3	97	1	12	-	35	4	144
10	Heart	3	27	3	16	3	31	9	74
11	Lungs	10	114	2	19	3	36	15	169
12	Developmental:								
	(a) Hernia	3	4	-	1	1	3	4	8
	(b) Other	6	33	12	9	20	30	38	72
13	Orthopaedic:								
	(a) Posture	4	6	8	12	13	8	25	26
	(b) Feet	40	40	11	16	27	33	78	89
	(c) Other	23	76	13	34	13	36	49	146
14	Nervous System:								
	(a) Epilepsy	4	13	1	3	1	9	6	25
	(b) Other	15	35	4	6	18	36	37	77
15	Psychological:								
	(a) Development	-	12	2	6	13	38	15	56
	(b) Stability	4	84	2	9	3	40	9	133
16	Abdomen	3	19	-	6	7	25	10	50
17	Other	2	25	1	9	4	37	7	71

Table 6

SPECIAL INSPECTIONS

Note: - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defects or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	357	91
5	Eyes (a) Vision	431	853
	(b) Squint	54	80
	(c) Other	53	30
6	Ears (a) Hearing	183	96
	(b) Otitis Media	12	34
	(c) Other	143	44
7	Nose and Throat	104	169
8	Speech	57	65
9	Lymphatic Glands	9	73
10	Heart	22	104
11	Lungs	37	127
12	Developmental: -		
	(a) Hernia	6	21
	(b) Other *	46	81
13	Orthopaedic: -		
	(a) Posture	13	18
	(b) Feet	63	66
	(c) Other	64	120
14	Nervous System: -		
	(a) Epilepsy	9	31
	(b) Other	22	17
15	Psychological: -		
	(a) Development	70	91
	(b) Stability ✓	136	209
16	Abdomen	18	25
17	Other	329	193
Note -	* Includes cases of obesity	37	38
	✓ Includes cases of enuresis	98	125

Table 5 shows the defects found at routine medical inspections at school. Table 6 shows defects found in children at "special" inspections.

Children examined at selective medical inspection are classed as periodic inspections for the purpose of the Ministry of Education returns. The term "special" inspection refers to children specifically referred for examination either at the school clinic or school medical examination. Children may be referred for "special" examination by the parent, teacher, school nurse, or in some cases, by the general practitioner. It is quite obvious, therefore, that more defects will be found among children seen as "specials" than amongst children seen at periodic school medical examinations.

There appears to be a small increase in total defects found both at periodic inspection (which includes selective medical inspection) and at special inspections and a fall in the total number of children medically examined during the year. This is to be expected with better selection of children for a full examination. During 1965 the number of selective examinations was nearly doubled from 674 in 1964 to 1192 in 1965 at 40 schools. Looking at our findings also tends to confirm previous findings that few if any defects are missed by selective examination, as in 1965 13.5% of other ages were found to have defects compared with 14.5% in 1964 and this category "other age groups" represents the children who are "selected" for medical examination being the 8 - 10 year old group.

There has been no change in the main defects found amongst school children and we would not expect this to happen for many years - main defects still occur in vision, nose and throat, orthopaedic and emotional disturbance.

We are endeavouring to get medical officers to visit all schools now more frequently to discuss school health problems in their widest aspects with the teaching staff and also health problems of individual pupils, particularly if these affect their school work. This is made possible by reducing the total number of pupils examined and so allowing extra time for the medical staff to visit schools and deal with the many problems that arise in between the annual school visit.

It was mentioned in last year's report that as selective medical examination is extended throughout the county that special inspections will be reduced, but that re-inspections will continue at much the same time. This trend has already begun and in 1965 special inspections fell from 4834 in 1964 to 2410 in 1965.

As in previous years the commonest defect found was defective vision. During 1965 there was a slight decrease in the number of children needing treatment (696-568) and a slight decrease in the number needing observation (1143-1394) for defective vision. The majority of those needing treatment were in need of spectacles which are prescribed and supplied through the National Health Service and the number of children with squint discovered during the year - both treatment and observation - increased (262-274)

Defects of hearing ascertained in 1965 increased to 392 from 299 in 1964. The greater number were cases needing observation (184 out of 392). This increase was due in part to the fuller use of the pure tone audiometer now in use in the department. Although we are not screening all children with the audiometer, those with suspected hearing loss are tested and in this way cases with a small hearing loss are being found and kept under observation. Miss C. Williams, the Consultant Ear, Nose and Throat Surgeon for the Clwyd and Deeside Hospital Management Committee, continued her two special clinics for school children during the year and gave excellent service which was very much appreciated by the parents and the staff of the department.

Defects of the nose and throat discovered show a slight decrease for 1965. A total of 200 defects needing treatment and 456 observation. The largest single group here would be enlarged tonsils and adenoids, and the figures reveal how enlarged tonsils and adenoids are kept under observation for a period prior to operation.

During 1965 cases requiring active speech therapy increased to 94. Cases requiring observation decreased during the same period. As more speech therapy sessions are now available, waiting time for treatment is still only a matter of two or three weeks.

It will be noted that the majority of heart defects discovered only required observation - observation 178, treatment 31. Many of these conditions are heart "murmurs" needing observation sometimes over a prolonged period to ensure that the child's activity is matched to the cardiac abnormality present. It should be noted that many children with a heart murmur can lead a full and active school life, and take part in all forms of physical training and sport. Indeed, some heart murmurs disappear just as quickly as they appear as the child grows older.

Orthopaedic defects discovered in 1965 needing treatment and observation increased compared with 1964 from a total of 750 to 757.

Mr. Robert Owen, the Consultant Orthopaedic Surgeon for the Clwyd and Deeside Hospital Management Committee continued during the year to attend the Orthopaedic Clinics for school children in the County and gave an excellent service - working in close collaboration with the staff of the Gobowen Orthopaedic Hospital. Although Mr. Robert Owen was not able to attend the clinics more frequently it was possible to get children in urgent need of consultation seen quicker at the hospital orthopaedic clinic at Rhyl.

During the year the number of children found with emotional disturbances of varying degree increased from 570 in 1964 to 719 in 1965. This figure includes 223 cases of enuresis which have not previously been included under this heading in the past.

The figures of children found only reveal part of the problem, as many children with mild disturbances are often not found for many months, and what gives cause for concern is the increasing number seriously disturbed children. Seriously disturbed children present a very difficult medical and social problem and require help from various members of the Child Guidance team for prolonged periods, often two or more years before any improvement is revealed. Emotional disturbance in the child also has repercussions on other members of the family, particularly other children and on classmates in school. I feel that our best approach to this problem is by using school nurses, mental welfare officers and the Child Guidance team and teachers to advise parents on the needs of children for security and affection. There is no subsitute for parental "care" and it is very difficult to convince some parents that these two elements—security and affection—matter so much to children of all ages. Many persons are under the impression that emotionally disturbed children are a feature of the poorer "problem" type family. Numerically more children in this type of family are disturbed—but some of the more seriously disturbed children are found in homes where material conditions are good and the parents of good intelligence. The remedy is the same in both types of families—but the approach will have to be very different. All members of the school health service are trying to meet the need—the work is slow and time consuming—but the problem has been appreciated and every effort is being made to help parents to help themselves.

Prevention of emotional disturbance in children is the key to the problem and, in this work, the teacher plays a vital role. The teacher can detect very early signs of disturbance in a child, and indeed, knowing the family background, can often take action before the child shows any signs of insecurity. In this work, parents, teachers,

school medical officers and nurses must work closely together and more frequent visiting of schools with selective medical examinations facilitate this. Teachers are also becoming more conscious of the problem of early and established emotional disturbances and seeking help from the school health service.

Table 7

Classification of the physical condition of the pupils inspected in the age groups recorded in Table 1.

Age Group Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	2436	2432	99.84	4	.16
Leavers	1536	1536	100.00	-	-
Other Age Groups	532	530	99.62	2	.38
Additional Periodic Inspections	1198	1196	99.83	2	.17
TOTAL	5702	5694	99.86	8	.14

Information about the physical condition of pupils attending schools is shown in Table 7 above.

It should be explained that the children shown as "Other Age Groups" are, with a few exceptions, children between 10 and 11 years of age, examined during their last year at a primary school.

During 1965, the percentage of children found satisfactory in all age groups was 99.86. Of the total examined 5,702 only 8 (0.14%) were found unsatisfactory from a physical standpoint.

It will be appreciated that deciding whether a child's physical condition is satisfactory or not, is not always easy, as many borderline cases are seen. Even allowing for this difficulty, the position in the County is very satisfactory and I hope that it will be maintained. It will be extremely difficult to improve on the present findings.

Many factors have played a part in bringing about the present satisfactory findings - improved social and economical conditions - improved child care - better nutrition - better medical and dental care in recent years, and the important part played by teachers in fostering the physical care of children in primary and secondary schools.

Children are now taller and heavier than children of the same age and sex were 25 years ago - taller on average about $\frac{1}{2}$ an inch and heavier by 2 lbs. at age of 11 years. The increases being slightly greater in boys than girls - the above figures being the overall change for boys and girls averaged out. Indeed, the position has now been reached when overweight is a real problem with children of school age and particularly children in primary schools. This is often due to overindulgence by parents particularly in allowing too many sweets, cakes, and snacks between meals. Usually, on overweight child becomes an overweight adult and obesity is known to be harmful to health in many ways. It is important therefore that children should have an adequate and suitable diet and plenty of outdoor activity. Sweets and other sugary confections should be kept down and under the parents control as it is much better to avoid overweight in children (and adults) than to have to try and enforce a strict diet which children find very difficult to accept and parents find almost impossible to enforce.

Infestation with Vermin: There was a slight decrease in the number of children found infested with vermin, from 713 in 1964 to 637 in 1965.

The decrease in 1965 is a welcome change after the very high figure in 1964 when in spite of intensive work a marked increase over the previous year was recorded. Infestation has very slowly been reduced over the past 10 years from 6.69% of pupils examined to 3.66% in 1965. It will also be noted that many cases now are very lightly infested and easily treated compared with the heavy infestation of a few years ago. It is important also to remember that many of the cases recorded are re-infestation and each re-infestation is shown as a new case, in this respect a comparatively small number of persistently dirty families account for a very large proportion of the infestation. With the persistent offenders there are often whole families infested and in addition other deep-seated social and sometimes economic factors.

Our only hope is to try and give practical help and basic instruction in personal hygiene as infestation with lice is only the outward visible sign of a low or more existent code of personal hygiene. When

basic principles in personal hygiene have been sought and adopted their cleanliness and standards improve and often infestation also disappears.

It should also be pointed out that of the 637 cases, many are "re-infestations" - the same child being repeatedly infested during the year.

	Total Children infested	% Infestation of total examined
1955	1305	6.69
1956	958	4.14
1957	815	4.14
1958	763	3.89
1959	711	3.72
1960	922	5.76
1961	957	5.57
1962	631	3.13
1963	456	2.30
1964	713	2.83
1965	637	3.66

During the year school nurses continued to work closely with teachers to discover cases of infestation as early as possible. When discovered "Suleo" or "Lorexane" was supplied free to parents and instruction in cleansing if requested. Cleansing clinics were held as in previous years to cleanse children whose parents were unwilling or incapable of cleansing in a satisfactory manner.

Table 8

INFESTATION WITH VERMIN

Number of individual children examined by School Nurses	17,372
Total number of examinations in the schools by the School Nurses or other authorised persons ...	36,550
Total number of individual pupils found to be infested	637

Table 8 contd

Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	-
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	-

Vaccination against smallpox: A total of 51.32% of children examined at routine medical examinations showed evidence of successful vaccination against Smallpox. Although prior to 1948 exemption from vaccination had been far too easily obtainable, the National Health Service Act abolished compulsory vaccination in the hope that voluntary vaccination against Smallpox would prove to be as successful as immunisation against Diphtheria.

In the years immediately following 1948 the number of children who received primary vaccination fell sharply, but in recent years the number has increased.

In 1965, it will be noted that 967 infants were vaccinated against smallpox, compared with 791 in 1964. We continued our policy of offering vaccination to infants between 1 and 2 years of age and not in the first 6 months of life as previously. When we changed to the new older age 3 years ago our acceptance rate fell for the first two years and then gradually increased as parents got used to the new age of vaccination.

The following Table shows the number of primary vaccinations each year since 1948: figures which up to 1952 represent approximately only 25% of the live births. The figure for 1965 however, represents 33.01%.

1948	Number of primary vaccinations	808
1949	" " "	397
1950	" " "	660
1951	" " "	796
1952	" " "	663
1953	" " "	663
1954	" " "	636

1955	Number of primary vaccinations	...	...	803
1956	"	"	"	...	...	915
1957	"	"	"	...	...	1170
1958	"	"	"	...	...	1397
1959	"	"	"	...	...	1305
1960	"	"	"	...	...	1252
1961	"	"	"	...	...	1291
1962	"	"	"	...	...	1770
1963	"	"	"	...	...	581
1964	"	"	"	...	...	791
1965	"	"	"	...	...	967

Immunisation: "Triple" antigen is now offered to all babies both by General Practitioners and in County Clinics. Triple antigen is a mixed vaccine of Diphtheria, Whooping Cough and Tetanus, and three injections at monthly intervals protect the child against these three serious illnesses. When the child enters school at five years of age a "booster" dose of Diphtheria/Tetanus is offered.

Whooping Cough vaccine is not offered in the "booster", as whooping cough is an illness of children under five years of age — at least it is only a serious illness in children under five years of age.

The following table shows the number of children under 15 years of age who were immunised during 1965:-

ANTIGEN USED	PRIMARY			BOOSTER		
	0 - 4	5 - 15	Total	0 - 4	5 - 15	Total
Diphtheria only	5	2	7	4	520	524
Diphtheria/Whooping Cough	11	3	14	-	34	34
Diphtheria/Whooping Cough/Tetanus	1636	36	1672	25	93	118
Diphtheria/Whooping Cough/Tetanus /Polio	116	6	122	4	14	18
Diphtheria/Tetanus	51	108	159	2	704	706
Tetanus only	-	16	16	1	11	12
Whooping Cough only	1	2	3	-	4	4

Children can be immunised free of charge either by their own general practitioner or at a school clinic. "Booster" doses are given at school at the end of the school medical examination for the convenience of the parents, and in an attempt to get a high acceptance rate,

and this has proved to be the case.

Poliomyelitis Vaccination: It is gratifying to report the high acceptance rate by parents of poliomyelitis vaccine for their children. During the year poliomyelitis vaccine was offered at routine immunisation clinics in the County and at sessions of the mobile clinic. The introduction of the mouth vaccine - oral vaccine - in February 1962 made our work easier and increased still further the acceptance rate. Oral vaccine is very simple to give - three drops on a lump of sugar or in syrup - taken on three occasions with an interval of 4-8 weeks between each dose. The oral vaccine protects against attack by the virus as well as against paralysis - this is due to the vaccine making the bowel immune to attach by poliomyelitis virus which enters by the mouth.

At the end of 1965, 21,649 children between 5 and 15 years of age had been fully protected against poliomyelitis - this means 80.24% of the school population of the County. This total includes all children protected since poliomyelitis vaccination started in 1956. During 1965 366 children of school age were given poliomyelitis vaccine and of this total, 360 were protected with oral vaccine.

Handicapped Pupils: The following Table shows the number of handicapped pupils on the register at the end of the year, in their several categories:-

NUMBER OF ASCERTAINED HANDICAPPED PUPILS ON REGISTER AT:-

	31:12:64	31:12:65
Blind	6	6
Partially Sighted	17	16
Deaf	10	11
Partially Hearing	21	25
Educationally sub-normal	188	205
Epileptic	25	24
Physically Handicapped	131	122
Delicate	38	31
Speech	-	-
Maladjusted	30	35
TOTAL	466	475

14 children were ascertained to be in need of special education, either in residential schools or special day schools and were classified as follows:-

Educationally sub-normal	8	Maladjusted	3
Delicate	1	Physically handicapped	2
Epileptic	-	Deaf	-
Partially Hearing	-	Blind	-
Partially Sighted	-	Speech	-

During the year places were found in Special Schools or Homes for 8 handicapped pupils (Delicate 1, Physically handicapped 2, Maladjusted 3, Educationally sub-normal 2). The total number of handicapped pupils who were actually receiving education in special boarding schools and homes was 58.

They were of the following categories:-

Blind and Partially Sighted	10
Deaf and Partially Hearing	11
Educationally sub-normal and maladjusted	19
Epileptic	3
Delicate and Physically Handicapped	15
	58

21 handicapped children received home tuition during the year, 15 of these were still receiving home tuition at the end of the year, 11 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools in 53; of this number 46 are Educationally Sub-normal, made up as follows:-

Requiring places in Special Boarding Schools	6
Requiring places in Special Day Schools	40
	46

In addition to the above, 11 children were ascertained to be incapable of education in school; these were reported to the Local Authority in accordance with the requirements of Section 57 of the Education Act, 1944, as amended.

It will be noted that the biggest single group of ascertained handicapped pupils is the Educationally Sub-normal—amounting to 205. In

recent years, better provision has been made in the County in remedial classes in primary and secondary schools for these children, but many still need very special teaching facilities if their potential is to be developed. For this work there is both locally and nationally an acute shortage of specially trained teachers, but this is being tackled by the Ministry of Education by the provision of extra training facilities for teachers of the educationally sub-normal.

Physically handicapped children from the County requiring residential schooling are admitted to the Residential School for the Physically handicapped at Llandudno, which serves the six North Wales Counties and which has now been in operation for over three years. This school has accommodation for 60 pupils, and of this number 15 places are reserved for Flintshire cases, and at the end of 1965 12 pupils from Flintshire were at the school.

During the year, spastic children from Flintshire continued to attend the Day Unit for Spastics at the Maelor General Hospital, Wrexham. This Unit is under the supervision of Dr. E. Gerald Roberts, the Consultant Paediatrician for the Powys and Mawddach Hospital Management Committee and very good work continues to be done here for spastic children within reach of the Unit.

With the opening of the school at Llandudno the immediate problems of the more severely physically handicapped have been largely met—the need of the less severely handicapped will continue to be met wherever possible in ordinary schools in the County.

It is the policy of the Ministry of Education to allow handicapped pupils to attend ordinary schools whenever possible. This entails close liaison between the teaching staff of schools accepting these pupils and the staff of the School Health Service. It is interesting to note that even in the past six years there have been great strides in the placement and education of the handicapped pupils at ordinary schools. Many of the handicapped pupils now attending ordinary schools would not have been permitted to do so some years ago and this speaks well for the important part played by teachers in meeting the needs of these less fortunate children.

The acceptance of more handicapped children into ordinary schools must not cloud the need of those pupils who require special schooling, mainly in residential special schools. Home tuition, though meeting a real need, is not an adequate substitute for a residential special school.

It has already been pointed out that 53 children are awaiting vacancies in special schools, made up as follows:-

Blind and Partially Sighted	-
Delicate and Physically Handicapped	4
Educationally Sub-normal	46
Maladjusted	2
Epileptic	1
Deaf	-
	53

(Some of the 15 pupils receiving home tuition would also benefit by special schooling).

There is still need for more provision of special schools in the North Wales area for various categories of handicapped pupils— possibly the most urgent being a school for the maladjusted. Provision of special schools for handicapped children in North Wales can only adquately be done on a joint basis with all six Counties co-operating. Now that a very excellent school for the Physically Handicapped has been established as a joint venture, it is hoped that the needs of other handicapped children requiring residential schooling can be met in the same way.

Prevention of Tuberculosis: It is the policy of the Education Authority to medically examine all newly appointed teachers, canteen staff, and others who come into close contact with children. This is a condition of service, and the examination includes an X-Ray examination of the chest. The right is reserved to request subsequent chest X-Ray examinations as and when this appears necessary. During 1965, 73 teachers, 91 canteen staff, and 5 school caretakers were examined and reported on by the medical staff.

In addition, 186 candidates for admission to Training Colleges for Teachers were examined by the medical staff. These examinations were in consequence of Regulations of the Ministry of Education, whereby all entrants to Training Colleges for Teachers must be examined before acceptance by the School Medical Officer of the area in which they reside. This examination includes X-Ray examination of the chest.

It should be added that it is a condition that all new County Council staff on engagement have a medical examination and this includes a chest X-Ray examination. During the year, in addition to the medical examinations in the Education department, a total of 402 other medical

examinations were carried out of members of other departments and all these included a chest X-Ray examination.

When a case of tuberculosis is diagnosed in a school child, efforts are made to trace the source of infection, and steps to ascertain if children in contact with the cases are free from infection. This entails carrying out Mantoux tests on some or all of the children at the school. Those with positive test findings have a chest X-Ray, and those who are negative are offered B.C.G. vaccination.

During the year two brothers aged six and eight years, from the Mold Area, were found to be suffering from tuberculosis. Full investigation of all pupils and staff of the school attended by these boys was carried out as outlined above. Also one girl who had recently been transferred from a County Secondary School to a Private School was found to be suffering from tuberculosis but, on the advice of the Consultant Chest Physician, no action was taken as this was not an "open" case and, therefore, non-infective.

B.C.G. Vaccination: During 1965 B.C.G. Vaccination was offered to all suitable children at secondary schools between 12 and 14 years of age.

It has been the policy of the Authority to offer B.C.G. vaccination to this age group now for several years and the scheme has worked well and the acceptance rate is very satisfactory. Although the Ministry of Education has extended the age group for B.C.G. vaccination from 10 years to 18+ this Authority has continued with its policy of offering B.C.G. to pupils in the age group 12 - 14 years. It was decided to adhere to this age group as it was convenient for the secondary schools, less confusing to parents and easier to administer in the department. Children who transfer in to this County over 13 years who have not had B.C.G. are offered portection when the school is visited, and the same applies to children who were absent when B.C.G. was offered at a given school.

During the year all secondary schools were visited. At all the schools visited the nature of B.C.G. vaccine was explained to the pupils at school, and in a letter which each child took home to obtain consent for testing and vaccination.

Children found to have positive Mantoux tests are referred to the Mass X-Ray Unit for a chest X-Ray. Those with strongly positive Mantoux tests are referred to the Chest Physician for examination and a large plate chest X-Ray. The number of children with strongly

positive Mantoux tests is very small - but they do present a very special group as it is very likely that they are in contact with an infectious case of tuberculosis or have had fairly recent close contact with a case.

At all the schools attended the acceptance rate for B.C.G. vaccination has been excellent, and details of the children tested and given B.C.G. vaccine are given in the Table as follows.

In addition to the B.C.G. vaccine given at schools, Chest Physicians continued to give vaccine to "contacts" of known cases of Tuberculosis. During 1965, 1304 "contacts" were skin tested and 232 received vaccination at a Chest Clinic.

A high percentage of the 1304 persons who were skin tested were children of school age, and this figure also includes persons over school age who were tested at Chest Clinics.

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1965

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G Vaccinated
Prestatyn County Secondary	183	170	154	53(34.42%)	86(65.58%)	65
Rhyl Welsh Bilateral	99	96	80	26(32. 5%)	54(67. 5%)	36
Rhyl Glyndwr County Secondary	179	157	137	36(26.28%)	93(73.72%)	67
Hope County Secondary	64	59	54	8(14.81%)	46(85.19%)	42
Hawarden Grammar	130	122	117	17(14.53%)	99(85.47%)	85
Queensferry County Secondary	132	122	106	20(18.87%)	86(81.13%)	71
Flint (B.R.G) Bilateral	106	101	90	29(32.22%)	56(67.78%)	44
Flint County Secondary	134	129	118	36(30.51%)	82(69.49%)	61
Buckley County Secondary	97	94	80	14(17. 5%)	64(82. 5%)	55
Deeside County Secondary	122	114	104	25(24.04%)	78(75.96%)	54
Saltney County Secondary	72	64	59	15(25.42%)	44(74.58%)	39
Holywell County Secondary	180	174	150	39(26. 0%)	97(74. 0%)	76
Holywell Grammar	119	117	113	28(24.78%)	85(75.22%)	68
Mold County Secondary	138	134	128	30(23.44%)	97(76.56%)	88
Mold Grammar	100	98	95	24(25.26%)	68(74.74%)	55
Mold Welsh Bilateral	60	56	52	5(9.62%)	47(90.38%)	43
St. Asaph Grammar	96	93	89	29(32.58%)	57(67.42%)	47
Rhyl Grammar	125	115	107	35(32.71%)	71(67.29%)	51
Penley Bilateral	72	61	54	20(37.04%)	34(62.96%)	21
Rhyl R.C. Bilateral	19	19	19	7(36.84%)	10(63.16%)	8

26% of the groups were found to be Multiple Puncture Positive

Mass Radiography: The Semi-static Mass X-Ray Unit continued to operate in the County during 1965, visiting four centres - Holywell, Rhyl, Shotton and Mold - every three weeks. This Unit is open to the public without prior appointment and is also used by General Practitioners who refer patients with "chest" symptoms for X-Ray. In addition, the Unit examines children found to have a positive Mantoux test when examined prior to offering B.C.G. vaccine.

Many of the new employees examined prior to starting work with the Authority also attend one of the centres for a chest X-Ray. A few are cases with a history of tuberculosis or are contacts of cases being referred to the Chest Clinics for a full examination and report.

Full details of the work of the Mass X-Ray Units in the County are given in the Report of the Medical Officer on the Health of Flintshire for 1965.

TREATMENT

Clinics: During 1965 school clinics were held at ten centres as in 1964. During 1965 all school clinics were held in purpose built premises, with adequate facilities for all aspects of the work undertaken. Although some treatment is carried out at school clinics, the main purpose remains the follow-up and observation of children found to have defects at previous medical examinations. At these clinics time is available to meet parents and discuss their child's condition with them and offer advice and help in dealing with any defects found.

In many cases we find that the co-operation of parents in dealing with their children's disabilities is more readily obtained if the whole matter is fully explained to them with an outline of the course of the condition and eventual result. Without such explanation parents often expect some spectacular treatment and care when all that is required is patience and understanding and an insight into the particular disability.

At most of the bigger clinics, special clinics are held by Consultants from the hospital service in ophthalmology, ear, nose and throat, orthopaedic, paediatric and child guidance. Members of the school health department staff assist at these clinics and in this way a close liaison is maintained between the school health department and the hospital staff.

It should be pointed out that nearly all "special" examinations,

treatment and follow-up are done at school clinics and so it is important that clinic premises and equipment are of a high standard to enable doctors and nurses to carry out their duties efficiently.

The mobile clinic continued to function during the year at the following centres:-

Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, and Ffynnongroew.

The clinic attends each centre every two weeks and acts as an all-purpose clinic and on each visit, infants, mothers and school children are seen. A doctor and nurse attend at each session.

Table 9

DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table 8)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm (i) Scalp	-	1
(ii) Body	-	2
Scabies	-	7
Impetigo	2	3
Other Skin Diseases	273	64
TOTAL	275	77

Table 9 (continued)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	17	35
Errors of Refraction (Including squint)	1,493	-
TOTAL	1,510	35
Number of pupils for whom spectacles were:-		
(a) Prescribed	651*	-
(b) Obtained	651*	-
TOTAL	651*	-

*Including cases dealt with under arrangements with supplementary Ophthalmic Services.

During the year, Consultant Ophthalmologists attended at four clinics as in previous years - Rhyl, Holywell, Shotton and Mold. At all the centres there was only a short waiting time before children were seen at the clinic. The waiting period at school eye clinics has been kept down very well during the year, thanks to the active co-operation of the Consultant Ophthalmologists.

During the year the number of children examined at the four clinics with errors of refraction was 1493 compared with 1464 in 1964. During 1965, 651 pairs of spectacles were prescribed compared with 737 in 1964.

I met the Ophthalmic Consultants on several occasions during the year to discuss matters affecting the Clinics. I would like, once again, to thank Mr. Shuttleworth and Mr. Lyons for the very excellent service they gave during the year. I feel we are indeed fortunate in having consultants that provide a first class service and take a real interest in the work.

Brief report from Mr. Lyons on the operation of the Clinics is given below:-

"During the first 9 months of 1965, the school ophthalmic clinics were held weekly at Rhyl and fortnightly at Holywell. Occasional additional clinics were arranged at Holywell and there was no significant waiting time for appointments at either clinic.

At the end of September, Dr. B.B. Hegde, Assistant Ophthalmologist, who had conducted the clinics for the previous 3 years, returned to India, having resigned his appointment to the Clwyd & Deeside Hospital Management Committee. Due to the shortage of suitable applicants, it was not found possible to fill the post and consequently it became necessary to discontinue both the Rhyl and Holywell clinics. By the end of the year, not surprisingly, considerable waiting lists had accumulated, in spite of the fact that a number of children had been examined at the hospital clinics and elsewhere.

The orthoptic service, provided by Miss H. Edwards, continued uninterrupted, however, throughout the year. Orthoptic clinics were held weekly at Rhyl and Holywell and many children were also treated in the orthoptic clinic at H.M. Stanley Hospital, St. Asaph.

During the year 32 Flintshire children were admitted to the Ophthalmic Department at H.M. Stanley Hospital, St. Asaph. Of these, 13 underwent operations for the correction of squint and 14 were admitted as a result of injuries. Of the remainder 2 underwent cataract operations, 1 had an eye removed due to the presence of a malignant growth, 1 had a cyst of the iris removed and 1 was admitted for treatment and investigation of choroiditis.

The number of children admitted with eye injuries was considerably higher than in any previous year. The figure of 14 for 1965 compares with nil in 1964, 2 in 1963 and 4 in 1962. An analysis of the causes of these injuries may be of interest. In two children the eye was struck by a stone, in one by an air-pistol slug, in one by a toy rubber rocket, in one by a hockey stick, in one by an arrow, in one by a dart, in one by a plastic ruler and in one with a spoon. One was injured by a firework, two with a twig, one was struck by a fist and another injured in an explosion of a wartime Verey light."

EDWARD LYONS

Miss H. Edwards, the Orthoptist on the staff of the Clwyd and Deeside Hospital Management Committee, attended the school clinics at Holywell and Rhyl during the year and treated children referred to her by the Consultant Ophthalmologist. She attended these clinics on the same days as the Consultant Ophthalmologist and in this way close contact is maintained and good follow-up of cases ensured.

In addition, Miss Edwards also sees Flintshire children at her clinic at St. Asaph Hospital. I would like to thank Miss Edwards for her work during the year, for her ready co-operation in seeing children referred and the help and support she gives to the parents.

ORTHOPTIC CLINICS
SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	Holywell Clinic.	Rhyl Clinic	St.Asaph Clinic
Number of Flintshire children who attended in the year 1965	411	38	43	57
Number of attendances for the year 1965.	1,211	319	557	209

Number of squint operations performed on Flintshire children at: -

Chester Royal Infirmary	21
H.M. Stanley Hospital, St . Asaph	13

Children from the eastern half of the County attend the Orthoptic Department of the Chester Royal Infirmary. This department is under the supervision of Mrs. E.R. Salisbury, the Orthoptist-in-charge, who, with her staff, continued to give excellent service to Flintshire children during the year.

Table 9 (continued)
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	-	10
(b) for adenoids and chronic tonsillitis	-	306
(c) for other nose & throat conditions	-	27
Received other forms of treatment	93	51
Total	93	394
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) in 1965	-	6
(b) in previous years	-	13*

* Includes six pupils who are now at Special Schools for the Deaf.

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high - 306, but it must be remembered that 650 children were found at routine and special medical inspection to have defects of the nose and throat, and of these 200 required treatment and 450 were in need of observation. Many of these children were kept under observation by the School Medical Officers at minor ailment clinics and later did not require operative treatment. Others were referred to Ear, Nose and Throat Consultants, who prescribed treatment in some cases and carried out operative treatment in other cases.

No child has operative treatment for tonsils and adenoids until kept under observation for some time, or unless non-surgical treatment has failed.

Miss C. Williams, the Consultant Ear, Nose and Throat Surgeon for the Clwyd and Deeside Hospital Management Committee continued to hold regular Ear, Nose and Throat and Audiology clinics for children at Rhyl and Holywell. Cases requiring operative treatment were admitted to beds at St. Asaph H.M. Stanley Hospital.

The department now has a Pure Tone Audiometer and Dr. L. Munro, the Senior Assistant Medical Officer, in charge of the School Health Service, arranges for hearing tests to be carried out on children where a hearing defect is suspected. We are not in a position at present to carry out mass screening tests for hearing defects at school entry or other selected age groups, but individual cases referred from any source are tested and dealt with. When further advice is needed these cases are seen by Miss C. Williams, The E.N.T. Consultant, at the clinics at Holywell or Rhyl and the appropriate treatment given. During 1965, forty five children were referred to our own medical staff for audiometric testing and of these sixteen were subsequently seen by Miss Williams.

Hearing aids were provided when necessary under the National Health Service Act and a Hearing Aid Technician attends for this purpose at the H.M. Stanley Hospital, St. Asaph.

I would like to thank Miss C. Williams for her valuable services and in particular for her expert advice and assistance with partially deaf children who require special educational treatment.

Orthopaedic: Orthopaedic Clinics for school children were held every two weeks at our clinics at Holywell and Rhyl. These clinics are attended by the Physiotherapist from the Gobowen Orthopaedic Hospital at each session. Mr. Robert Owen, the Consultant Orthopaedic Surgeon, however, attends the Rhyl clinic every three months and the Holywell clinic on the second and fourth Wednesday of each month.

All School Orthopaedic Services in the North Wales area including Flintshire, are now based on the Gobowen Orthopaedic Hospital and Mr. Robert Owen, the Orthopaedic Consultant for the Clwyd and Deeside Hospital Management Committee area attends the Clinics in Flintshire by arrangement with the Gobowen Hospital.

This new arrangement is an improvement on the service when the Consultant came each time from Gobowen Hospital. The new scheme means that the base of the Consultant has moved to Rhyl, and children requiring further observation and treatment attend Rhyl Hospital for care and not Gobowen as in the past. As Mr. Robert Owen works closely with the staff at Gobowen Hospital any children requiring the special facilities offered at Gobowen, including their excellent hospital educational facilities, can still be admitted by Mr. Owen when he considers this necessary.

I would like to thank Mr. Robert Owen and the staff of the Gobowen Hospital for their interest and valuable services during the year. In particular, I would express appreciation to Mr. Robert Owen for his help in the selection of pupils for the school for the Physically Handicapped at Llandudno and for his ready acceptance in seeing these pupils during school holidays and arranging treatment and follow-up at school.

Table 9 (continued)
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics or out-patients' departments	-	394
Pupils treated at school for postural defects	5	-

Table 9 (continued)
CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in Authority's Child Guidance Clinics.	Elsewhere
Number of pupils treated at Child Guidance Clinics	-	277

The number of children seen at Child Guidance Clinics showed a considerable increase during 1965 from 203 in 1964 to 277 in 1965. This was in part due to more children being found who required the skilled help that the Child Guidance team can offer, and also better staffing of the service with consequent decrease in waiting time and more children seen during the school year.

During the year clinics continued at Rhyl every Monday all day, and at Shotton every Friday all day.

In addition some Flintshire children are seen at the Wrexham

clinic and at Chester.

During the year Psychologists who form part of the Child Guidance team visited schools in the County at the request of the School Health Service, the Headteacher, or as part of their work when a pupil from a school attends the clinic. In particular, I would like to thank Mr. W. E. Moore, the Principal Psychologist, and Mr. P.J. McDonald for their ready help with problems in schools during the year.

Dr. E. Simmons and the medical staff of the Child Guidance Service have been ready at all times to help members of the department with problems referred to them.

Extracts from Dr. Simmons report are given below:-

"It gives me great pleasure to present a report on the work of the North Wales Child Guidance Clinics during 1965.

In the first part of this report some important aspects of our work and considerations underlying this are discussed. The information given is complemented in the second part where facts and figures suitable for tabulation have been gathered. This part also contains detailed statistics in a form required for our own purposes and requested by referring agencies. This year, for the first time, separate tables are provided for "clinical" and "educational" referrals.

Child Guidance as we know it in North Wales is Child and Family Guidance. Full consideration is given to the children referred, their families and the environment in which they live.

The need for this broadly based approach was recognised in the early twenties when the first child guidance clinics were set up in Great Britain, and it was given practical expression in the acceptance of the team approach. Psychiatrist, psychologist, and social worker pool their knowledge and skills in an effort to formulate a diagnosis and make therapeutic and remedial intervention possible.

With the passage of time and in the hands of different workers details of technique have tended to change. Methods also have to be flexible in the face of new and changing needs. The multi-disciplinary approach has proved its worth however. Having specialists in different allied fields under one roof enables us, we believe, to make a specific contribution in the field of work in which the clinics function.

During the year under review we received 387 new "clinical" and 621 new "educational" referrals.

These figures reflect an increase over 1964 of 69 and 222 respectively for the two groups.

We were able to take up the cases of 330 new clinical and of all educational referrals and to follow-up a further 198 children already on our open files.

This total of 1149 individual children involved members of our clinic staff in 4980 interviews.

A broad breakdown of the above figures is appropriate here:-

Table 1

		New	Further	Total
1. Attendance at Clinics				
(a) Psychiatrists	- Children	305	1020	1325
	- Parents and Guardians	169	517	686
(b) Psychologists	- Children	264	485	749
	- Parents and Guardians	4	29	33
(c) Social Workers	- Parents and Guardians	262	930	1192
2. Visits to Homes	- Social Workers			268
3. Examinations at Schools				
	- Psychologists	621	106	727
TOTAL:				4980

The CLINICAL GROUP contains children referred from many sources in the community primarily for behaviour and emotional problems. In practically every instance a psychologist examines the child, a social worker interviews one or both parents, and a psychiatrist sees child and parents. History and findings are then discussed by the team and a programme for further action agreed. Not infrequently a number of interviews are required before we have gathered all necessary data, and a fairly high proportion of children attend for treatment which may extend from a few months to a year and longer. Home visits by a social worker and school visits by a psychologist form an essential part of the procedure.

Thus, although this group is smaller than the educational one, three and later two clinical workers are normally involved in each case and attendance figures run high.

The EDUCATIONAL GROUP is composed of children who present teaching problems and are referred primarily for educational guidance, by teachers, school medical and education officers. As a rule the psychologist working in the area in which the children attend school examines them there, discusses findings with their teachers and initiates what further action may be deemed necessary.

In most instances one examination allows adequate assessment and follow-up work is relatively light. One member of the staff can therefore deal with a fairly large number of referrals. The work of the psychologists on behalf of the Education Authorities is not of course confined to the testing of individual children.

The sub-division of the very large number of children referred to our Service into these two groups is convenient and useful in practice. There is however a considerable overlap between the groups.

Many children with emotional problems have learning difficulties. A proportion of the children referred for educational reasons have serious emotional problems. Disturbance and retardation in emotional, intellectual, and educational development may be cause or consequence of one another.

It is implied that in any given case we may have to pursue enquiries of identical nature and undertake treatment of similar complexity irrespective of the primary source or cause of referral. While the supply of trained and experience staff remains limited and demands for services continue to grow, it is of the utmost importance then that communication within our Service is good.

The Clinics cover a wide geographical area of course, with one or two clinics in each of the five counties; and a new one to be added in Montgomeryshire next year. All members of our staff meet, however, at our base in Old Colwyn at regular intervals and while having responsibilities as specialists in their own fields, all also work as members of one or more clinical teams. This reflects the happy and close co-operation, in the field and financially, of the Education and Hospital Authorities and its effects are clearly in the interest of our charges; despite staffing difficulties the 'output' of the Service has been considerable.

What of the future? It is increasingly widely recognised that problems of retardation, social inadequacy, delinquency and mental ill health are interrelated. Responsibility for changes rests with Society as a whole.

Research to prove the point is sadly neglected in our field. There is a lack of financial support and too many clinical workers are too hard pressed to find time for more than incidental research.

Experience of practice leaves no one in doubt, however, that further considerable expansion in preventive and early treatment measures offer the most humane and economically sound alternatives to expensive treatment of established disease. Our work has preventive and treatment aspects. We trust that co-operation between the Authorities concerned will continue and that our efforts will become increasingly effective.

PSYCHOLOGICAL DEPARTMENT

I am obliged to Mr. W.E. Moore, Principal Psychologist, for the following report on the activities of the department which he heads, and for his observations.

"This was a year of further expansion, made possible as a result of the appointment of two additional Educational Psychologists by the Joint Education Authorities. These Psychologists, Mrs. R.M. de Hutiray, B.A., Dip. Ed. Psych., and Mr. B.G. Meredith, B.Sc., have been seconded to our Service. The latter, at the request of the employing authority, is spending part of his time gaining additional experience in schools before being fully available for clinical and advisory work.

The demand for objective psychological assessment in the educational world continues to grow, and the Educational Psychologists are now heavily involved in this, as part of surveys of ability which are carried out in one way or another by all five counties.

The need for further special educational provision is obvious to all, and Educational Psychologists are highly motivated to press for this. It is discouraging to them and to the schools, to continue assessing retarded and handicapped children but to have little to offer for their rehabilitation. Perhaps the most encouraging developments here have been in the setting up of Remedial Units in the Wrexham area; following a small pilot unit which was staffed by this Service, the Authority have provided one full-time class, with a specially

trained teacher and have plans for another. The other counties are all trying to improve their provisions, within the limits of finance, the availability of skilled staff, and other obstacles such as the Ministry's 'Quota System' for teachers.

School psychological work commenced in Montgomeryshire in mid-1965 following the appointment of the additional psychologists."

"In the Child Guidance Clinics the psychologists have continued to give the best possible service of objective assessment of all children referred. In addition, where other staff have been short, they have had the opportunity of attempting to fill the role of therapist or psychiatric social worker. The psychologists have found such role-swopping opportunities stimulating and are grateful for the guidance and support of colleagues. In some Clinics it has been possible to take on children for extended remedial help and/or investigation over a number of sessions.

An attempt has been made to improve the regularity and scope of assessments at Gwynfa; we have had the assistance of Mr. N. Cheshire, B.A. University College of North Wales, in this work."

"The lack of a Clinical Psychologist at the North Wales Hospital has resulted in increased calls on the time of the Principal and Probationer Psychologists of this Service. We have attempted to provide the equivalent of two sessions per week to the hospital making possible full objective assessments of four or five patients per week. A total of 147 assessments were carried out.

In addition, a number of out-patients have had assessments at the request of the Consultant Psychiatrists, including some at the Day Unit at Wrexham.

We have also carried out assessments as requested on a total of 18 patients from Oakwood Park Hospital."

"One would hope, however, always to maintain the link between the work in the various psychiatric departments, in general hospitals, in our clinics and in the Local Authority Services. In this way a large variety of work, most valuable in the event of the Committee supporting a more regular scheme for the training of probationer clinical psychologists would be available, and would afford the best chance of attracting candidates for senior posts."

GWYNFA

Gwynfa, as a residential establishment, has come to make an increasingly important contribution to the services which we can now offer through our clinics.

House and Clinic staffs work in the closest possible co-operation. Practically all children admitted have been investigated at one of our clinics, and their cases discussed with the Principal in Charge of Gwynfa.

Whenever possible the psychiatrist and social worker involved at the clinic maintain contact with child and parents. Follow-up work also is their responsibility. The resulting continuity of relationships helps to reduce anxieties inevitably associated with the separation of a child from his home.

All staff are kept up to date by regular case discussions. These meetings also serve as a forum where feelings about the children can be discussed and turned to constructive use. Matters appertaining to treatment and handling are thus agreed between all workers concerned. A great deal of teaching takes place incidently on these occasions.

Children are admitted to Gwynfa when it is considered that their primary need is for specialised treatment and that this cannot be undertaken with reasonable prospects of success on an out-patient basis. The nature and severity of the disturbance, and the capacity of the home environment to support the child, are leading considerations.

The number of available places was raised from 20 to 25 during the year. Even then we have had to operate a waiting list. We are concerned at the fact that some children have had to remain at Gwynfa after achieving a satisfactory degree of readjustment because their own homes or alternative placements were not available for them.

The following table gives the numbers of admissions and discharges since the opening of Gwynfa.

	1962	1963	1964	1965	Total
Admissions	17	14	12	25	69
Re-admissions	2	4	5	2	13
Total Admissions:					82

(contd)

	1962	1963	1964	1965	Total
Discharges	12	12	13	22	
Total Discharges					59

Note: (1) Twenty two children were in residence on 31:12:1965
(2) Five day patients are included in the above figures.
(3) The mothers of two very young and very disturbed children, and of two older children who would not separate, were admitted with them for relatively short periods of time.

Most children at Gwynfa are very troubled. We accept them as they are - not as we would wish them to be - and try to help them to establish new relationships, with other children and members of the staff, in which they can feel safe enough to explore their feelings; in the hope that in doing so they may find new and happier solutions to their, often very old standing, problems.

Each member of the staff of Gwynfa must be willing to assist in this process, serving as a substitute, sometimes for a loving and sometimes for a rejecting parent, brother or sister. Each must also be conscious of the importance of the inter-play of feelings between members of the staff themselves, between staff and children, and between the children and their own group.

Child therapy, most children are seen at least once a week by their therapist, can be a valuable means by which a child can live through past experiences which may not ordinarily be available for scrutiny because of their association with deeply frightening and unacceptable feelings. A good understanding of the specific nature of their respective contributions between therapist and House Staff is essential.

The school at Gwynfa has been functioning on a full time basis since the appointment of Mr. D. Davies as Head Teacher.

Every child is familiar with school. It is a reality which cannot be questioned. The acquisition of scholastic knowledge does not however follow attendance automatically. Learning has to become meaningful first and the child motivated to do well.

A significant proportion of the children at Gwynfa have failed to learn despite good intelligence and school presents them with special problems.

We know that we shall be in a position to offer the children extensive opportunities for learning and to bring them into contact with new and stimulating experiences. We are still at the beginning, however, and the exact role which the teachers and school may ultimately play in the processes leading to the children's readjustment, which are the main concern of the establishment as a whole, remain to be determined.

The school, now housed in a three-roomed building in the grounds needs at least one additional room. We would also like a further one or two "sheds" to enable the children to split up into more, smaller, groups. As play, work and learning are held to go hand in hand, we might perhaps think of the future in terms of an integrated programme of treatment, care and teaching, in which staff and teachers practise their respective skills in a joint effort to promote the intellectural, social and emotional growth of their charges.

We are grateful to Mr. R.E. Roberts, Headmaster of the Colwyn Bay Grammar School, and to Mr. G. Griffiths, Headmaster of Pendorlan Secondary Modern School, Colwyn Bay, for their readiness to offer places to a number of our children and for the support they have given them. Some children have also become members of the Rhos-on-Sea Youth Club. These links with the life of the town are most welcome and appreciated by children and staff alike.

We have been greatly encouraged by the interest shown in the work of Gwynfa by individuals and professional bodies. A considerable number of student teachers, students in Child Care and in Social Science, spent a day at Gwynfa and the clinics by personal arrangement; groups of students and their lecturers from University College Bangor, St. Mary's and the Extra-mural Dept., were welcomed; and two professional groups of workers with emotionally disturbed children held meetings at Gwynfa to discuss its structure and work.

We were glad to accept 2 student teachers, 3 child care students and 2 trainee Mental Welfare Officers for 2-4 weeks "practical work placement." We encourage these students to participate in the work of Gwynfa as if they were junior members of our staff. They bring their own ideas and enthusiasm and we feel that they can make a positive contribution to our work.

The two year course of training which we provide at Gwynfa, with the invaluable assistance of Professor Miles and members of the teaching staff of the Department of Psychology, University College, Bangor has continued to attract the requisite number of students. Three

second year students were granted the "Certificate of Competence" (to care for children and assist in the treatment of those emotionally disturbed) which the Welsh Hospital Board awards to those who complete the course satisfactorily."

E. SIMMONS

STAFFING

The position as it is expected to be on 1st April, 1966

A. Clinical

Dr. E. Simmons	Medical Director and Consultant Psychiatrist
Dr. J.A. Williams	Senior Registrar in Psychiatry
Dr. G.J. Pryce	Registrar in Psychiatry
Dr. U.E. Batt	Clinical Assistant, maximum part-time (joining on 12:1:66)
Mr. W.E. Moore	Principal Psychologist
Mr. J.M. Leppington	Probationer Clinical Psychologist, (joining on 1:1:66)
Mr. J.B. Edwards	Educational Psychologist
Mrs. R.M. de Hutiray	Educational Psychologist (joined 3:5:65)
Mr. B.G. Meredith	Educational Psychologist (joined 1:6:65)
Mr. N. Cheshire	Therapist, part-time (joined 13:4:65)
Mrs. V. Ford Thomson	Social Worker
Mrs. D.P. Woolfenden	Social Worker (joined 3:12:65)
Mrs. D.M. Binks	Social Worker, part-time (joined 1:12:65)
Mrs. M. Scott	Social Worker, part-time (joined 22:10:65)
Miss B. Hamer	Psychiatric Social Worker (joining on 21:2:66)

B. Secretarial

Mrs. D. Roberts	Secretary
Miss J. Bowyer-Sidwell	Shorthand-Typist/Clerk
Miss E. Davies	Shorthand-Typist/Clerk
Miss D.E. Waters	Shorthand-Typist/Clerk (joined 18:1:65)
Miss A. Jones	Shorthand-Typist/Clerk (joined 2:8:65)

C. Gwynfa

Mr. O.T. Henley, S.R.N., R.M.N. — Principal
Mr. E. Williams, S.R.M.N — Deputy Principal

A Charge Nurse and two Staff Nurses complete the permanent day staff.

One Nurse is on duty at night

The establishment also includes workers in training. There were 6 first year and 5 second year students during 1965.

Dr. Eileen Davies continued her work as visiting Medical Officer.

D. Gwynfa School

Mr. D. Davies — Head Teacher, full time (joined Sept., 1965)
Mrs. E.F. Edwards — Assistant Teacher.

NORTH WALES CHILD GUIDANCE CLINICS

Number of Flintshire Children and Parents interviewed during 1966.

CLINICS	Number of individual children seen	ATTENDANCES									
		Psychiatrist				Psychologist				P. S. W.	
		First		Further		First		Further		First	Further
		C	P	C	P	C	P	C	P	P	P
Rhyl	63	35	35	209	158	23	1	70	-	31	97
Shotton	51	27	12	112	7	19	-	14	1	22	117;
Colwyn	5	3	2	-	25	2	-	-	-	4	23
Wrexham	5	4	1	6	14	2	-	20	-	4	1
Assessed at schools by Educational Psychologist	153	-	-	-	-	153	-	-	-	-	-
	277	69	50	327	204	199	1	104	1	61	238
Number of Children and Parents from other Counties seen at Flintshire Clinics											
Rhyl: Denbighshire	24	14	11	10	20	10	-	2	-	10	24
	24	14	11	10	20	10	-	2	-	10	24

* 'C' - Child, 'P' - Parent or guardians
P.S.W. - Psychiatric Social Worker.

Number of Visits during 1965

Psychiatric Social Workers		Psychologists	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
105	-	193	34

Number of Flintshire referrals received during 1965

Name of Referring Agency	Number of Referrals
School Medical Officer	37
General Practitioners	18
Consultant Paediatricians	4
Other Medical Specialists	2
Courts and Probation Officers	8
Other Social Workers	2
Parents	7
Children's Officers	8
Head-teachers	1
Number of Educational Referrals for assessment (received from School Medical Officers etc.)	153
Total	240
Waiting list on 31st December, 1965	13

Speech Therapy: The Authority now employs one part-time speech therapist, Mrs. R.E. Ward and one full-time speech therapist, Miss G. Roberts. Mrs. R.E. Ward, the part-time Speech Therapist, who has been with the authority for many years, was also able to increase her sessions, so that the authority has now for all practical purposes the services of two Speech Therapists. It was decided to divide the county into East and West - with Miss Roberts covering the clinics in the Western half, Mrs. Ward those in the Eastern half. It was also arranged that the two speech therapists should meet regularly as this would be a considerable help to Miss Roberts to enable her to get some of the background and previous work done so efficiently by Mrs. Ward for many years in all parts of the County.

The extra time now available with two speech therapists working in the County is already reflected in the extra children seen at clinics, in some very valuable experimental work done by Mrs. Ward and in extra school visits.

Table 9 (continued)

SPEECH THERAPY

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	463	-

REPORT OF WORK CARRIED OUT IN SPEECH THERAPY CLINICS DURING 1965

Cases dealt with	449
Current cases	297
Discharges	152

Analysis - Current cases

Retarded language development and dyslalia	230
Stutter	53
Cleft palate and palatal dysfunction ...	9
Alalia	3
Dysphonia	2
	297

Total attendances	3,395

Visits made to homes	71
Visits made to schools	259
New Cases	171

Analysis - Discharged cases

Speech normal	78
Speech improved	
(a) Family moved	13
(b) Child left school	1
(c) Attendance too eratic to benefit by further treatment	10
Non-attendance at first interview	9
Speech therapy not indicated	41
	152

The term 'speech normal' must be, of course, regarded as arbitory in relation to:-

(a) The child's natural language level.
(b) The language standard of the environment.

Thus - a child whose defect is perhaps a substitution of the sound 'th' by 'f', coming from a background where this is acceptable and part of the pattern of the household's speech, would be classed as normal, whereas the same defect in a child with a background of high linguistic standard, would be regarded as needing care.

The discharges made have been assessed on the principle of the acceptance of the speech, (a) by the patient, and (b) judging of the integration of the standard of speech and environment and having an overall regard for the child's natural ability level of language.

Co-operation from parents regarding treatment has in the great majority of cases been very good, and this is reflected in the child's progress. However, there are a few patients whose parents co-operate little in treatment between clinical visits, and in these cases progress is greatly reduced below the potential rate.

The children who form the Retarded Language Development and Dyslalia group, have among their causal and perpetuating factors:-

(a) Specific retarded language development.
(b) Malformation of teeth structure and difficulty with tongue positioning.

(c) Dyslalia with accompanying dysfunction of speech musculature
(d) Psychological disturbance
(e) Brain damage.

There have been two Speech Therapists in the County during the last twelve months, Miss G. Roberts working in the Western area and Mrs. R.E. Ward in the Eastern area. Regular clinics have been held at Rhyl, Prestatyn, Connah's Quay, Shotton, Mold, Holywell, Buckley and Penley. Also clinical work has been done at Hope C.P. School, Hiradugg C.P. School, Dyserth, Rhuddlan C.P. School, Trelogan C.P. School, and Clwyd Street Residential Centre, Rhyl. Since October, 1965, clinics have been held at Bronnington, Talarn Green and Bangor-on-Dee.

Assessment visits were made to the schools of Worthenbury, Hanmer, Higher Wych, Overton and Penley V.P. as well as Connah's Quay Infants and Junior Schools, Glyndwr S.M., Emmanuel C.P., Rhyl, Bodnant C.P., Prestatyn, Meliden V.P., Ffynnongroew C.P. and Gronant C.P. It is hoped that treatment sessions will be extended to a number of these in the near future.

Over the past few years the average age of the referrals to the clinics, has decreased. Advice has been sought very soon after school entry, and in many cases, before the child goes to school. This would seem indicative of the growing awareness of the importance of early help for those children showing evidence of speech and language abnormality. The old idea of letting the child grow out of speech defects, is fortunately, being practised much less. Though a proportion of cases will mature into normal speech, often a defect either becomes more established, or even advances, as in cases of stuttering. In cases where natural maturation appears very likely, it can be speeded up by correct handling, and psychological and educational problems arising from a policy of laisez-faire, can be avoided. It is essential that the case should be diagnosed early so that the maximum amount of help can be given in the shortest space of time.

In order to provide the maximum service to the maximum number of children, the Speech Therapists have tried to increase the coverage of the service through more contact with people influencing the child's environment. The exchange of views with teachers and Health Visitors, etc. has been extremely helpful, and the contact with parents is invaluable. It also enables the Therapist to integrate her own work with that of others. In school, the teacher is also able to seek on-the-spot opinion from the Therapist, which is an advantage to all three, teacher, therapist and patient.

It must be added here that the immense co-operation received from the teachers in schools, is most encouraging and greatly appreciated by the Therapists. They are very much aware that it isn't always easy to have another visitor for whom to cater and the courteous receptions received have made the Therapists feel very much integrated with the work in schools.

The close integration of Speech Therapy with both Education and Medicine is very much a pointer to future development of the service. In the past year contact with General Practitioners has increased, and in all cases where this has been possible, the outcome has been of considerable help to both patient and therapist. This contact has been made easier in the last two months by the acquiring of the services of Mrs. Hutton, who so willingly types out necessary letters. This is of enormous help to the Speech Therapists as it leaves them more time to do clinical work and to make contact with other diciplines involved with the care of the child.

Initial enquiries for Speech Therapy are received mainly from, Consultants, General Practitioners, Child Guidance Units, Health Visitors, Teachers, Parents, and the Child Care Service as well as the School Medical Officers .

Six cases needing speech therapy have been under the care of the Children's Department from whom the Therapists have received much aid and every co-operation in supporting any work it might be necessary to give the child, concerning the speech.

The Health Visitors have been, as always, invaluable. There great knowledge of the home and family backgrounds help the Therapists so much to assess the possibilities of progress and give a necessary insight into problems arising from this, which can after be turned to the patient's advantage.

Concerning the future of the Service, I would like to see contact between the diciplines involved in child care, grow. Speech and language overlap every aspect of a child's life and so the work of a Speech Therapist includes all facets of development. I would like to see more opportunity for personal contact with other diciplines , more opportunity for parents' meetings and more time given to intensive style treatment. But to put these into effect means extra time and personnel available, but perhaps one day it may be possible to make a pipe dream into a reality.

In closing my report I would like to say thank you for all the wonderful help I have received from everybody with whom I have had contact. Also a word of special appreciation for all the unfailing guidance, help and advice from Dr. G.W. Roberts. Mr. Trevor Jones has also been an invaluable part of the Speech Therapy Service.

RUTH E. WARD
L.C.S.T.

Table 9 (continued)

OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	210	26
(b) Pupils who received convalescent treatment under School Health Service arrangements	1	-
(c) Pupils who received B.C.G. vaccination :...	1,074	-
(d) Other:-		
(1) Lymphatic glands ...	4	7
(2) Heart and circulation	-	12
(3) Lungs...	3	32
(4) Development ...	39	7
(5) Nervous system ...	-	32
TOTAL (a) - (d)	1,331	116

Dental Inspection and Treatment: In addition to the statistics that follow, I have pleasure in appending the report of Mr. Fielding, Principal School Dental Officer.

Table 10

DENTAL INSPECTION AND TREATMENT

1. Attendances and Treatment:-	
First Visit	7,084
Subsequent visits	6,739
Total visits	13,823
Additional courses of treatment commenced	588
Fillings in permanent teeth	7,325
Fillings in deciduous teeth	2,279
Permanent teeth filled	6,550
Deciduous teeth filled	2,092
Permanent teeth extracted	2,336
Deciduous teeth extracted	6,286
General anaesthetics	3,993
Emergencies	1,230
Number of pupils X-Rayed	531
Prophylaxis	701
Teeth otherwise conserved	670
Number of teeth root filled	29
Inlays	-
Crowns	25
Courses of treatment completed	5,541
2. Orthodontics	
Cases remaining from previous year	347
New cases commenced during year	184
Cases completed during year	78
Cases discontinued during year	20
No. of removable appliances fitted	131
No. of fixed applicances fitted	84
Pupils referred to Hospital Consultant	8
3. Prosthetics	
Pupils supplied with F.U. or F.L. (first time)	9
Pupils supplied with other dentures (" ")	59
Number of dentures supplied	79
4. Anaesthetics General Anaesthetics administered by Dental Officers	222
5. Inspections	
(a) First inspection at school.Number of pupils	15,066
(b) First inspection at clinic. Number of pupils	2,645

5 Inspections (contd)

Number of (a) + (b) found to require treatment ...	10,915
Number of (a) + (b) offered treatment	10,191
(c) Pupils re-inspected at school clinic	602
Number of (c) found to require treatment	427

6. Sessions

Sessions devoted to treatment	2,425
Sessions devoted to inspection	126
Sessions devoted to Dental Health Education ...	46

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

During 1965, the staffing position remained very similar to the previous year. Mr. D. Pearse left in January to be an Area Dental Officer under the Bristol City Education Committee and he was succeeded in the Buckley and Mold district by Mr. D.M. Turnbull, who commenced his duties in June.

Miss Solomons, who was our first Dental Auxiliary and who worked at the Shotton Clinic, returned to London in July and she was succeeded by Miss Coupe, who finished her training at the New Cross Hospital in December. Miss Solomons did some good work for the junior children on Deeside and was able to spend one or two days a week in the schools giving advice and instruction on Health Education. We hope that Miss Coupe will be able to consolidate her predecessor's dental work and extend the scope of Health Education further into other parts of the County.

The number of children attending our anaesthetic sessions as "casuals" with toothache has fallen in some areas although still remains high at the Shotton Clinic. We can look on this as a good sign and shows that more children are taking advantage of the facilities for routine treatment rather than wait until an emergency extraction is all that can be done for them. We are, however, fortunate in having so many interested and competent anaethetists who are prepared to travel to other districts if necessary, and so save having to use two dental officers for an anaesthetic session. The majority of the schools have received dental inspections during the year. It is unfortunate that in so many schools the facilities for carrying out these inspections are so poor. Good lighting is essential if early dental caries is to be diagnosed yet even in some of the newer schools, due to overcrowding, no medical room is available and the dental inspection has

to be carried in some badly lighted side room.

The number of children who are found to require extractions at our routine inspections have fallen steadily over the last few years, and on the whole there appears to be a greater awareness of the importance of regular and frequent dental inspections, although there still remains that hard core of children who remain unimpressed by dental education and oral hygiene and are reconciled to dentures at an early age.

During the year we have carried on with our policy of re-equipping surgeries most in need and at the present time all but two have dental units and next year will see this programme completed.

I should like to thank the Head Teachers and their staff for their help, not only on our visits to their schools but in reminding children of their dental appointments and so cutting down the number of failed visits.

A. FIELDING
Principal School Dental Officer

SCHOOL PREMISES

School premises are inspected by the School Medical Officer at the time he is in the school conducting the medical examination of pupils. Defects found are reported to the Director of Education and the County Architect.

In addition, defects are reported to the Director of Education by the Head Teachers and dealt with depending on the nature of the work required. Because of financial considerations defects have to be dealt with on a priority basis.

A great deal has been done recently to improve the conditions of school premises, and the following figures show the present position relating to sewage disposal in schools.

Total number of schools - 122 (excluding Technical Colleges, etc.)

Nursery	1
County Primary	60
Voluntary Primary	41
Secondary Modern	10

Secondary Grammar	5
Bilateral	5
	122

Of these schools only one County Primary School is without water carriage sanitation - Gwaenysgor.

Three schools have septic tanks - Carmel; Rhosesmor; Elfed School, Buckley. All other schools with water carriage sanitation are connected to mains sewerage.

Many of the school buildings are old and, therefore, have inadequate window space, ventilation, lighting, etc. — this of course is a national problem, not just a County problem. Every effort is made to get all school staff to make the best use of their existing facilities, and advice and help is available from the medical staff of the department to this end.

Allied to the question of premises is that of hygiene — it is difficult to reach and maintain a high standard of personal hygiene amongst pupils if reasonable facilities are lacking. This applies in particular to the provision of toilets and hand washing facilities. Much has been achieved in recent years in raising the standard of provision and cleanliness of toilets in schools — this is a topic that really matters and head teachers and caretakers now fully realise this. Hand-washing is probably the most important single measure that can be carried out in schools to reduce the spread of infection and particularly bowel infection which spreads so rapidly amongst children and can be of a serious nature.

More and more schools are now being provided with warm water for hand-washing and many infants and junior schools arrange for children to have individual towels in cloakrooms, and some of the secondary schools are trying new methods of hand drying such as paper towels and continuous towelling in special cabinets.

Further progress was made during the year in improving standards in some school kitchens where school meals are prepared. The County Public Health Inspector has taken an active part in this work, working with the District Public Health Inspector and the School Meals Organiser.

Many new schools have been built in the County since the war when new building was suspended and, also, improvements carried out to existing schools. The main problems are the schools which are out

of date and due for replacement in the future, and where teaching is continuing for the time being. Obviously, the Authority is not going to spend considerable sums on these schools to bring the accommodation up to modern standards; on the other hand, conditions must not deteriorate to the point that they may adversely affect the pupils.

School Meals and Milk: The School Meals Service provide 17,572 meals on an average per day, an annual total of 4,000,000. Meals are carefully planned and well balanced, and a specimen menu is given below:-

Typical Menu served at a School in the County

Monday:	Bacon, grilled tomatoes, creamed potatoes. Apple crumble and custard.
Tuesday:	Braised steak and onions, sliced green beans, creamed potatoes. Rice pudding with jam.
Wednesday:	Sausages, baked beans in tomato sauce, creamed potatoes. Steamed jam roll and custard.
Thursday	Roast beef, cabbage, roast and boiled potatoes, gravy. Rhubarb tart and custard.
Friday:	Golden fillet haddock, green peas, creamed potatoes. Milk jelly and cream.

There is a great deal of day to day contact between the School Meals Department and the Health Department – particulary Mr. Lewis, the County Public Health Inspector.

For the County as a whole, out of a possible total of 26,966 children, 18,804 took milk at school regularly (69.73%). The percentage taking milk varies greatly from school to school, the lowest being 28.25%, the highest being 100%, the average being 79.49%.

215 Samples of school milk were taken for chemical and bateriological analysis and all were found to be satisfactory. All school milk is pasteurised and is supplied by four Dairy Companies. Samples of milk and bacteriological rinses from washed school milk bottles were taken from the two Dairy Companies whose premises are situated in the County. These samples were found to be satisfactory.

Meat is supplied by two Contractors, whose premises are situated outside the County. These premises are subject to inspection by the local authorities concerned. The attention of one supplier was drawn to the cleanliness and quality of the meat delivered. Contractors' supplies of meat, vegetables, fruit and other food stuffs were examined and nineteen samples were submitted for chemical and bacteriological analysis. All samples were satisfactory.

Reference has been made in previous reports to the requirements of the Clean Food Regulations. These requirements apply to school canteens as well as to all food traders premises. Inspections were made of school meals kitchens and attention paid to the structural conditions of the premises and to the hygienic handling, preparation, storage and distribution of food, the cleanliness of staff and cloakrooms and to the storage and disposal of waste food.

Health Education 1965: It is becoming increasingly evident, that in the future, more emphasis will be placed on prevention and control of illness and disease, rather than on devloping purely curative techniques for established complaints.

Through the medium of the Press, in newspapers and magazines, and both wireless and television programmes, there is a wider coverage on medical matters to the public than ever before.

Older children are more informed on health problems than a decade ago, but do not always associate them with prevention. The aim of the Health Education in school is to provide the missing linkage.

In school in this county, much health Education is carried out by teachers in the day to day living situations in school, also valuable instruction is given to adolescents in secondary schools as a natural sequence to lessons on Science and Biology.

School Nurses and Health Visitors stress the need for personal hygiene, on informal visits to schools, as part of cleanliness or verruca foot surveys, or at medical inspections themselves. There are also formal series of set lectures to senior girls organised by individual health visitors in their own areas; most secondary schools now are covered by these means which have been found highly successful.

For more specialised talks on "Smoking and Lung Cancer", "Sex education", and "Venereal Diseases", Head Teachers prefer a school doctor to be present, so that questions can be invited and discussion

take place afterwards. The established procedure is for these talks to be given to school leavers in their last term, Dr. Manwell taking the boys and Dr. Munro the girls. The value of these meetings can be judged by the increasing demand for them. More schools are taking part, and more members of the Health Department are undertaking medical teaching.

Children of all ages seem to enjoy film shows and are noticeably more impressed by them than the spoken word alone. The Department is indeed fortunate to have a ready supply of excellent coloured films made available to them by the County Visual Aids Department. These are frequently in demand; subjects include Food & Diet, Smoking, Personal Hygiene, Growing Up, Menstruation, the Kiss of Life, and Sex education and Venereal Disease. The help and co-operation received from Mr. Ellis, County Visual Aid Officer, is greatly appreciated, in arranging these loans. We are also indebted to the Unilever film library for assistence in arranging film loans - to the County Health Department.

In the past, School Doctors have directed their Health Education mainly towards the school leaver. The improved physical condition and earlier maturation of children leads us to believe that this instruction should be given earlier, certainly in the early years at the senior school, possibly during the last year at the primary school. At one secondary modern school, at the request of the Headmaster, a scheme was started of giving talks to first year girls on menstruation and growing up. The senior Mistress was present, and suitable booklets and films were presented, so that she will be able to continue this work regularly with other young groups.

Parents welcome this type of experiment, many do not find it easy to discuss intimate subjects with their daughters and are only too pleased for frank factual information to be made available by informed members of staff. Children in primary school have always received regular visits by nursing staff, for cleanliness inspection. With the increase in gastro intestinal infections in schools in 1965, the number of visits was markedly increased. Every effort was made by the staff to stress the need for good hand hygiene, health visitors put in a great deal of extra work visiting homes and schools and canteens carrying out health education.

Following these outbreaks detailed surveys were carried out during the year, and reports made on the sanitary states of schools and kitchens, and the standards of personal hygiene evaluated. Many shortcomings were revealed. Much interest was expressed in these

reports and great strides have been made in improving school premises and the facilities within them. With the improved provisions, the standard of hygiene in the individual child will rise, and the task of health education particularly amongst younger children in primary schools will be the easier.

Social service groups in schools continued their good work, regular visits were paid to aged and handicapped persons in their homes. Secondary modern children also gave most useful help with the Holiday Camp for the Handicapped in Rhyl in May. At the end of the year, three most successful Christmas parties were again held, two for Handicapped Persons by Rhyl Grammar School and Mold Alun Grammar School, and a party for the Blind at Mold Maes Garmon School.

During the year, lectures were again given by members of the Health Department to students at the Technical College, Kelsterton, and lively discussions followed the different sessions on preventive Medicine.

Health Education Displays of materials and posters were made available to all centres and school clinics in the county, regular monthly changes of topic were carried out, so that the material stayed interesting and eye-catching.

As before, special displays were made for the annual Flint and Denbigh Show in August. The themes in 1965 were "Handicapped Persons" and "Mental Health." There was a most interesting exhibition of goods made by handicapped persons and photographic displays were also provided.

A great deal has been achieved for and by Health Education in 1965. Once again our thanks go out to all who have made this possible. To all Head Teachers for the splendid co-operation we have received from them, to Dr. L. L. Munro, the Senior Assistant Medical Officer, and to Dr. Manwell for his part in carrying out a difficult task with much skill. To Miss Matthews, Superintendent Health Visitor, and all Health Visitors for their very valuable work and lastly, a special word of appreciation to Mr. E. Lewis, County Public Health Officer, for his continued help and support.